



Response to NMC consultation on draft strategic themes, October 2019

AIMS is pleased to have the opportunity to comment on this new draft strategy. We feel that simply ranking the priorities is not a very helpful way of providing feedback, and have therefore summarised our views on the vision, themes and priorities below. We hope this will be helpful but would be happy to discuss our comments further.

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Our draft vision

Q1: As currently worded, we disagree with this statement. Although there are elements that we like, we feel that there are several issues with the vision as it stands.

We welcome the fact that the themes of listening and kindness have been included elsewhere in NMC documentation, and we are concerned that they are not part of the top-line vision. Given how the NMC has operated in the recent past, and the experience that many women and families have had of the maternity services, we feel that it is vital that this new vision statement specifically includes both listening and kindness.

We are puzzled by the term 'progressive' which we feel is meaningless in this context, and suggest it is replaced with "effective". We also feel that "playing a leading role" is a little weak and would prefer a wording that reflects the NMC's roles in promoting and assuring good practice.

Our suggested wording would therefore be:

"An effective professional regulator, promoting and assuring safer, kinder and more responsive care, within a just, listening and learning culture."

Theme 1: Dynamic approach to shaping practice

Q2

Explore ways of continually updating standards rather than infrequently reviewing the standards on a large scale. Creating mechanisms for more systematic ongoing engagement with our registrants and the public – to ensure our standards keep pace with a rapidly changing environment.	Priority 2 We are happy with the idea of continual update, but this needs to be done transparently and with adequate consultation. Changes need to be disseminated effectively, so it is clear to all what changes are being made and why.
Explore the potential regulatory approaches to specialist and/or advanced practice, including whether there should be common standards across a number of regulators.	Priority 2 This is a good idea in principle, but it is important that specific standards for midwives are maintained, distinct from those for nurses and other practitioners. We would also like to see the NMC do more to promote the development of the Consultant Midwife grade.
Informed by the evaluation of the first full three year cycle of revalidation, take forward changes to ensure revalidation continues to support best practice and post-registration learning.	Priority 1 AIMS is looking forward to seeing the evaluation and contributing to a consultation about further improvements in the revalidation process.

Q3: No

Theme 2: Building our relationship with the public

Q4: We consider the first two priorities to be of equal importance, and that both need to be in place as they are interdependent.

Developing a wide range of opportunities for the public to become engaged in our work, seeking and acting on feedback on how we could improve.	Priority 1 This should include the need to actively seek contributions from diverse groups and individuals (e.g. BAME, LGBTQ+). Engagement with lay organisations will be key to fulfilling this.
Ensuring the public always have access to emotional and practical support when they are involved in our work.	Priority 1 We are really pleased to see this included and welcome the NMC's recent announcement of its public support service. To ensure this support is effective there will need to be ongoing staff training, and evaluation of the service. We suggest rewording this priority to read <i>"always have access to effective emotional and practical support from suitably trained staff..."</i>
Ensuring that the role of the NMC is clarified in our communications and improving the accessibility of our website	Priority 3

Q5: One of the stated benefits is “Better experience and outcomes for people who have experienced failings of care” but the priorities do not say anything specific about improving the complaint handling procedures e.g. making the process clear and straightforward, avoiding unnecessary delay and providing timely progress updates. This could either be included under the previous priority or addressed as a separate priority.

Theme 3: Strengthening the relationship with our professions

Q6

Identify opportunities to work with registrants and students to rebalance the current negative perceptions of the NMC and promote a more “just culture”.	Priority 3 This should follow from getting everything else right.
Deepening our understanding of the distinctive experiences and contributions of nurses, midwives and nursing associates from the beginning of their professional education and across their career.	Priority 1 Understanding alone is not enough. There needs to be a commitment to making sure that the differences are taken account of in all the NMC’s structures and processes. We feel it would be helpful to add “... <i>in order to ensure that our structures and processes meet the needs of all our registrants.</i> ”
Speaking authoritatively about the context in which our registrants learn and practise, bringing attention to the differences in education and in practice across the four countries of the UK.	Priority 2 We would add the need for the NMC to deepen its understanding of the context, so this could be “ <i>in order to speak authoritatively about this and bring attention to the differences in education and in practice across the four countries of the UK.</i> ”

Q7: As noted above we really like the priority about ensuring emotional and practical support for the public, and feel that, especially with the recent launch of the NMC’s Careline, it would be good to replicate this priority with similar wording for staff.

As a further priority we would like the NMC to explore the question of student registration, to enable the NMC to build a relationship with future nurses and midwives as well as protecting the public.

Theme 4: Using and sharing research, data and intelligence

Q8: We regard all these as important but have ranked them as requested.

Developing, triangulating and making available our registrant data, where possible on an open source basis. For example, to capture longitudinal data on working patterns and the course of careers to inform and improve workforce planning and provide insight to any systematic inequalities.	Priority 4
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Continuing to undertake research into inequalities and to act on findings that apply to us or encourage action on the part of others.	Priority 1 It is not clear to us whether this priority currently refers only to equality issues for people on the Register. In any case we would like to see explicit mention of exploring inequalities in the groups which may be suffering harm disproportionately in cases reported to the NMC e.g. BAME, LGBTQ+, those with learning or physical disabilities etc.
Better use of intelligence to identify safety risks for people using health and care services and enable timely, regulatory action.	Priority 2 This is part of the NMC's core role.
More detailed analysis and dissemination (internally and externally) of fitness to practise intelligence, including our growing body of data on contextual factors. This could take the form of regular reports, like the GMC's annual report on the state of medical education and practice, and/or direct information to employers.	Priority 2 While we consider it important that this is done we are not convinced that analysis should be part of the NMC's role or that it would be the best use of its funds. We think that the priority should be to make this data accessible to others to analyse, to ensure that the analysis is independent. If the NMC does decide to do analysis itself then this needs to lead to specific recommendations to employers, not simple reporting.

Q9: No

CLOSER COLLABORATION WITH OTHERS

Q10: We have not prioritised these as we feel both are part of the NMC's core role.

Working and sharing intelligence with other professional and system regulators to identify and address the causes of harm.	This needs to extend to collaboration with a wider range of stakeholders, including lay organisations. We would like to see more transparency about the NMC's relationship with the CQC, for example in relation to conclusions drawn by the NMC with respect to safe staffing levels, and context in individual FtP cases. We also call for a clear mechanism through which other stakeholders can alert the NMC to systemic issues that may contribute to poor professional practice and FtP proceedings.
Working with other regulators, create the appropriate horizon scanning capability to ensure we are able to anticipate/identify and respond to emerging cross regulatory challenges, for example the impact of new technologies and new ways of working. This could also involve the development of common standards and joint training.	

Q11: No

Overall feedback

Theme 1: Dynamic approach to shaping practice	Priority 4
Theme 2: Building our relationship with the public	Priority 3
Theme 3: Strengthening the relationship with our professions	Priority 1 This is key. It is fundamental to the success of the NMC that it provides an effective framework in which HCPs can do their jobs well. We need HCPs to see the NMC as the organisation which they know will support them when they are providing high quality care.
Theme 4: Using and sharing research, data and intelligence	Priority 4 Data sharing is key, but we would be concerned to see the NMC expanding its analysis function beyond that related to the achievement of their core mission: that is for others to do.
Theme 5: Closer collaboration with others	Priority 2 Until the NMC and the CQC are sending consistent messages about the necessary improvements to the context in which HCPs work, we fear that there will be repeated incidents in which the public are not protected.

We aren't sure that this method of collecting consultation responses (primarily by ranking priorities) is very effective and are concerned that it may have put stakeholders off engaging with the process. Ironically, this sort of feedback mechanism - where rankings without explanations are sought - is one of the key weaknesses in service user feedback mechanisms!